## 115000190793

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Mr. HARRIC

## **COVER LETTER**

	Registration Se Division of Cor		· ***	
eup iec		apphire Pool Care, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Amber H Russell		
			Name of Person	<del></del>
		Sparkling Sapphire Pool C	are, LLC	
			Firm/Company	<del></del>
		PO BOX 1377		
			Address	
		Titusville FL 32781		
			City/State and Zip Code	
		sparklingsapphirepoolcare@		
		E-mail address: (i	to be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
Amber H	l Russell		321 720-6599 at ( )	
	Name of	Person	at ()	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparkling Sapphire Pool Care, LLC					
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited Lia Florida document number <u>L15000190793</u>	ibility Company	were filed on November 10	, 2015	and ass	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
			<del></del>		
The new name must be distinguishable and contain the wo		lity Company," the designation "I 1065 Solamere Drive #207	LLC" or the abbrevi	ation "L	.L.C."
Enter new principal offices address, if applica		Titusville FL 32780		2	
(Principal office address MUST BE A STREET	ADDRESS)	Trusvite 1 L 32760	21- At 121	306	CARTAGO
			5	2	70000
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 1377		P	
		Titusville FL 32781	,	· ~	
				. <u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi			rds, <u>enter the</u>	name_	of the new
Name of New Registered Agent:	Amber H Russell				
New Registered Office Address:	1065 Solamere	Drive #207			
		Enter Florida street ada	Iress	<del>-</del>	
	Titusville		Florida 32780		
		City	Zi	p Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amber H Russell	1065 Solamere Drive #207	<b>■</b> Add
		Titusville FL 32780	□ Remove
		<del></del>	□ Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
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			Remove Pro-
<del></del>			Add
			Remove
			☐ Change

	Amber H Russell				発行 沙走	AUG 2
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	- flevel	nature of a member or	authorized consultation	tive of a member	<u> </u>	2917
Dated	August 16	, 2017	·			
	Luguet 16	2017				
e reco The 9	ord specifies a delayed ef 90th day after the record	fective date, bu lis filed.	t not an effectiv	e time, at 12:01 a	a.m. on the ear	rlier o
iocumen	nt's effective date on the Depar	riment of State's rec	oras.			
f an effec <u>Note:</u> If	ctive date is listed, the date must be f the date inserted in this block	specific and cannot be does not meet the a	prior to date of filing policable statutory t	or more than 90 days after	filing.) Pursuant to 6	605.020° isted as
ffective	e date, if other than the da	te of filing:		(opti	onal)	
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Filing Fee: \$25.00